

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/582303		FILING DATE		
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3		2		/			53				
4		0		/			54				
5		0		/			55				
6		0		/			56				
7		0		/			57				
8		0		/			58				
9		0		/			59				
10		0		/			60				
11		0		/			61				
12		0		/			62				
13		0		/			63				
14		0		/			64				
15		0		/			65				
16		0		/			66				
17		0		/			67				
18		0		/			68				
19		0		/			69				
20		0		/			70				
21		0		/			71				
22		0		/			72				
23		/		/			73				
24		/		/			74				
25		2		/			75				
26		0		/			76				
27		0		/			77				
28		0		/			78				
29		0		/			79				
30		0		/			80				
31		0		/			81				
32		0		/			82				
33		0		/			83				
34		0		/			84				
35		0		/			85				
36		0		/			86				
37		0		/			87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		1				TOTAL IND.				
TOTAL DEP.	38		36				TOTAL DEP.				
TOTAL CLAIMS	39		37				TOTAL CLAIMS				